

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4607

State File No. \_\_\_\_\_  
Registrar's No. **1961**

**ENFD MAR 15 1943**  
Registration District No. **848**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **ST. LOUIS**  
(b) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**5536 PARTRIDGE AVE**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **70 YEARS** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **FRED OERTLI**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **FRIEDA OERTLI** 6. (c) Age of husband or wife if alive **85** years

7. Birth date of deceased **MARCH 17 1854**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**88 11 10** hr. min.

9. Birthplace **SWITZERLAND**  
(City, town, or county) (State or foreign country)

10. Usual occupation **RETIRED LIQUEUR SALESMAN**

11. Industry or business **CASPER OERTLI**

12. Name **SWITZERLAND**  
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name **CATHERINE WIED**  
15. Birthplace **SWITZERLAND**  
(City, town, or county) (State or foreign country)

16. (a) Informant **MRS. GEORGE PLUNKETT**  
(b) Address **5536 PARTRIDGE AVE.**

17. (a) **BURIAL** (b) Date thereof **3-1-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY SEMETERY**

18. (a) Signature of funeral director **Arthur J. Donnelly**  
(b) Address **3840 Lindbergh Blvd**

19. (a) **MAR 1 1943** (b) **J. F. Bruck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MO.** (b) County **ST. LOUIS**  
(c) City or town **ST. LOUIS** (If outside city or town limits, write "RURAL")  
(d) Street No. **5536 PARTRIDGE AVE** (If rural, give location)  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **FEB.** day **27**, year **1943** hour **1** minute **15 A.** M.

21. I hereby certify that I attended the deceased from **June, 1942** to **FEB 27, 1943** that I last saw him alive on **FEB 26, 1943** and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

**Chronic myocarditis 5 yrs**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **R. R. Menon** (M. D. or other) **MD**

Address **51330 Geraldine** Date signed **2/27/43**

Mr. H. H. H. H. H.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

W. H. Van Matre

Licensed Embalmer No. ....

2825

P. O. Address.....

4340 Lafayette

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**